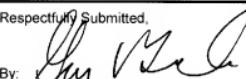


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paboojian et al.	Group No: 3734					
Application No: 09/731,318	Examiner: Michael G. Mendoza					
Confirmation No: 1028	Attorney Docket No: 53246-US-CNT[2] (NV.0050.01)					
Filed: December 6, 2000						
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	February 16, 2010 San Francisco, California 94107					
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b>					
<input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Request for Continued Examination (R.C.E.) <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)		Extension Fee			
			Large Entity	Small Entity		
	<input checked="" type="checkbox"/> One Month		\$130.00	\$65.00		
	<input type="checkbox"/> Two Months		\$490.00	\$245.00		
	<input type="checkbox"/> Three Months		\$1,110.00	\$555.00		
	<b>Total \$130.00</b>					
	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.					
<b>Fees for Extra Claims</b>						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
					<b>Total</b>	<b>\$0.00</b>
<b>Fee Payment</b>				<b>Fee Deficiency</b>		
Extension Fee	\$130.00			<input checked="" type="checkbox"/> If any additional extension fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims or any other fee is required, please charge Deposit Account No. <u>10-0258</u> .		
Fee for Extra Claim(s)	\$0.00					
Total	\$130.00					
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$130.00</u> .				Please direct telephone calls to: Guy V. Tucker at (415) 538-1555. Please continue to send correspondence to: <b>NOVARTIS</b> Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080		
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b> I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 263-8300, or electronically submitted via EFS on the date shown below:				Respectfully Submitted,  By: <u>Melanie Hitchcock</u> Date: <u>February 16, 2010</u> Melanie Hitchcock		
				Date: <u>February 16, 2010</u> Guy V. Tucker Registration No. 45,302		